

# STATEMENT OF QUARTERLY ESTIMATED MUNICIPAL TAX DUE

CITY OF TIFFIN

P.O. BOX 518

TIFFIN, OHIO 44883-0518

For Quarter Ending \_\_\_\_\_ Fiscal or Tax Year \_\_\_\_\_ Due Date \_\_\_\_\_

## AMENDED ESTIMATE

1. Estimated Tax		\$ _____	\$ _____
2. Less: Payments Made	\$ _____		
Credits from prior year	\$ _____	\$ _____	\$ _____
3. Balance of Estimated Tax		\$ _____	\$ _____
4. Payment Due		\$ _____	\$ _____
5. Enter Payment Remitted		\$ _____	\$ _____



**MAKE CHECKS PAYABLE TO: CITY OF TIFFIN - INCOME TAX**

See reverse side for instructions on amending your estimate.

Signed \_\_\_\_\_

Official Title \_\_\_\_\_ Date \_\_\_\_\_

This remittance must be filed on or before the due date shown above.

**TAXPAYER COPY**

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Signed \_\_\_\_\_

Official Title \_\_\_\_\_ Date \_\_\_\_\_

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**RETURN THIS COPY WITH PAYMENT**

## Amendment

To amend your estimate at the end of any quarter you may increase or decrease line 1, Estimated Tax and then deduct your previous estimated payments and credits from prior year to arrive at your new balance due.

NOTE: No refund will be made prior to filing of the annual return at the end of the year.